

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS649HOS | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/18/2009 |
| NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| S 000 | <p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on November 18, 2009 in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00023005 was substantiated with a deficiency cited (See Tag #88).</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiency was identified:</p> | S 000 | | |
| S 088 SS=E | <p>NAC 449.316 Physical Environment</p> <p>1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.</p> | S 088 | | 12/31/09 |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| S 088 | Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain bathroom fixtures, a toilet, and a shower stall in an acceptable manner to ensure the safety and well-being of 1 of 2 patient rooms (Room #3015). Severity: 2 Scope: 2 | S 088 | | | |

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